

APPLICATION FOR A ZONING PERMIT

Fee Pd. (see Fee Schedule)Receipt No.Permit approved byPSE approved

BOA No.PO No.CU No.ZP Appl. No.ZP No.

File copyBuilding Inspector copyTown Assessor copyOwner/Applicant copyAgent copy

Waukesha County Zoning CodeWaukesha County Shoreland and Floodland Protection Ordinance

TownSectionZoning DistrictTax Key No.

Owner/ApplicantAgent (if different)

Daytime Phone No.()Daytime Phone No.()

Address of Premises (if different)

Legal Description (from survey)

Detailed and complete description of proposed work to be completed and the intended use (attach additional pages, if necessary):

Type of existing structures on the lot and the use(s) of each

Cost of project (labor/materials at a fair market value) \$FMV of Non-Conforming structure \$ %

EXISTING STRUCTURE(S)

Sanitary FacilitiesPublic sewerType of private system

Water SupplyPrivateOther

Non-Conforming StructureYesNo

Structure SizeWidthDepthHeight

Structure Style1 Story2 StorySplit level

No. of BedroomsNo. of Bathrooms

Floor Area1st Floor2nd Floor

GarageBasement

Other structures

Total SF (all SF except the basement)

Size of LotAverage WidthAverage DepthTotal Area (excluding established road ROW)

PROPOSED STRUCTURE(S)

Sanitary FacilitiesPublic sewerType of private system

Sanitary Permit No. (for new construction)

Water SupplyPrivateOther

Structure SizeWidthDepthHeight

Structure Style1 Story2 StorySplit level

No. of BedroomsNo. of Bathrooms

Floor Area1st Floor2nd Floor

GarageBasement

Other structures

Total SF (all SF except the basement)

Location of Structure/Addition (measure to the closest point). Measure to the overhang only if it exceeds two (2) feet.

Setbackfeet from the building foundation to the centerline of the platted road right-of-way.

Setbackfeet from the building foundation to the established road right-of-way line (base setback line).

Offsetfeet from building foundation to the (N,S,E,W)property line.

Offsetfeet from building foundation to the (N,S,E,W)property line.

Offsetfeet from building foundation to the (N,S,E,W)property line.

Shore setbackfeet from building foundation to the ordinary high water mark.

Floodplain/Wetland/Conservancy setbackfeet from building foundation to the 100 year floodplain (' elevation) or C-1.

FIVE COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimensions of lot, (2) location and dimensions of all existing/proposed buildings on lot and those within 50 feet of lot, (3) location and centerline of all abutting streets, (4) high water line of any water body which lot abuts, (5) location of existing/proposed wells and septic systems on lot and within 50' of lot, (6) floor elevation of proposed new buildings, (7) location of percolation tests and soil borings for new buildings. SOIL TESTS, TWO SETS OF BUILDING PLANS AND A GRADING PLAN MAY ALSO BE REQUIRED. APPROVAL OF THE SEPTIC SYSTEM BY THE ENVIRONMENTAL HEALTH DIVISION IS REQUIRED PRIOR TO ISSUANCE OF THE ZONING PERMIT. AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the state, county, and town will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the town building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties.

Signature of Owner/ApplicantDate

Signature of AgentDate

Application (approved) (denied) by Zoning AdministratorDate

Conditions for approval or reasons for denial